

Obesity – Breastfeeding

Children who have been breastfed are less likely to become overweight. The risk of childhood obesity is one-third greater for children who never have been breastfed compared to children who have been breastfed. In 2008, 15 percent of Colorado children ages 2-14 years were overweight, and another 14 percent were obese.

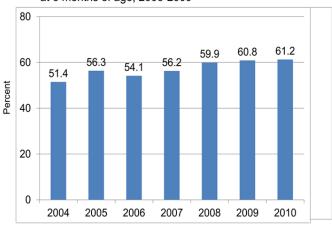
Children who are overweight are more likely than normal-weight children to become obese adults.³ Respiratory problems (e.g., asthma), endocrine disorders (e.g., type 2 diabetes mellitus), cardiovascular risk factors (e.g., elevated blood pressure) and psychiatric disorders (e.g., depression) are common medical problems in obese children.⁴

Why is this important?

Supporting mothers in their breastfeeding efforts is effective and inexpensive as an early intervention to the prevention of obesity. Colorado women often stop breastfeeding because they have problems with breastfeeding; many cite returning to work as another barrier to continuing to breastfeed. These challenges are surmountable if mothers receive early and comprehensive support. When support is provided, especially at the time of delivery, mothers are more likely to continue breastfeeding longer. The longer mothers are able to breastfeed without supplementing with formula, the lower the risk of childhood overweight and obesity.

Where are we?

Percent of Colorado mothers who breastfeed their infants at 6 months of age, 2006-2009



Source: Colorado Child Health Survey, Colorado Department of Public Health and Environment

Where do we want to be?

• By 2016, increase the percentage of mothers who report some breastfeeding of their infants at 6 months of age, from 61 percent to 65 percent.

We want to be a society where all mothers are able to breastfeed easily, at home, at work, at school, in the park or wherever they may be. Achieving this vision requires an effort by the whole community through its leaders, health care and child care providers and employers. Families, friends and neighbors also are important in providing approval and support of breastfeeding. U.S. Surgeon General Regina M. Benjamin supports this vision in her 2011 report, "Call to Action to Support Breastfeeding."

What is being done?

The Colorado Department of Public Health and Environment will lead efforts to

- convene an interstate hospital collaborative and provide technical assistance and resources through a Colorado hospital summit for 50 hospitals to improve evidenced-based clinical care, so all Colorado mothers have access to early and appropriate breastfeeding support;
- reach out to Colorado employers to provide clarity on mandatory state and federal workplace lactation laws and to link them to resources to reduce the number of complaints filed;
- adopt regulations for child care licensing to require childcare providers to support the needs of the
 breastfed infant and mother as defined by the American Academy of Pediatrics, American Public
 Health Association and the National Resource Center for Health and Safety in Child Care and Early
 Education report, Caring for Our Children: National Health and Safety Performance Standards, Third
 Edition.

High-risk groups

The disparity in breastfeeding rates between higher-income women and women of minority and lower-income populations is well-documented, with lower rates found among lower-income women. As a consequence, these women and their infants are at increased risk for precisely the diseases and illnesses that breastfeeding protects against.

In Colorado, only 39 percent of Latinas are breastfeeding their infants at 6 months of age while 58 percent of white women are breastfeeding at 6 months.⁶

A total of 31 percent of white, 29 percent of Hispanic and 25 percent of African-American women participating in the Colorado WIC program (income at or below 185 percent of the federal poverty level) are breastfeeding their infants at 6 months of age.

¹Arnez, S, Ruckerl, R, Koletzko, B, von Kries, R. (2004) *Breastfeeding and childhood obesity – a systematic review*. Int J Obes Relat Metab Disord. Pps 1247-1256.

²Colorado Physical Activity and Nutrition Program. (2009) The Weight of the State: Report on Overweight and Obesity in Colorado. Colorado Department of Public Health and Environment.

³Magarey, AM, Daniels, LA, Boulton, TJ, Cockington, RA.(2003) *Predicting obesity in early adulthood from childhood and parental obesity.* Int J Obes Relat Metab Disord. Pps 505-513.

⁴ American Academy of Pediatrics. (2003) Policy Statement on the Prevention of Pediatric Overweight and Obesity. Pediatrics. Pps. 424-430.

⁵ Murray, E, Dellaport, J, Ricketts, S. (2007) *Getting It Right After Delivery: Five Hospital Practices That Support Breastfeeding*. Colorado Department of Public Health and Environment.

⁶ Centers for Disease Control and Prevention. (2010) *Racial and Ethnic Differences in Breastfeeding Initiation and Duration, by State – National Immunization Survey, United States, 2004-2008.*